

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

PARTMENT OF PUBLIC HEALTH AND WELFARE

-62-001693

392

STATE FILE NUMBER

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

FILED FEB 6 1962

1. PLACE OF DEATH 6 1962

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Kansas City

Length of stay in 1b

50 Yrs

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION 1237 Jefferson

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

Inside Limits

Yes ☒ No ☐

c. CITY

OR TOWN

Kansas City

d. STREET ADDRESS

(If outside, give location)

1237 Jefferson

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First JOHN

Middle PATRICK

Last GREEN

4. DATE OF DEATH

Month January

Day

Year 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☒Divorced ☐

8. DATE OF BIRTH

4/4/1909

9. AGE (last birthday)

52

IF UNDER 1 YEAR

Months

IF UNDER 24 HR

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Freight Checker

10b. KIND OF BUSINESS OR INDUSTRY

Watson Truck

11. BIRTHPLACE (City and state or country)

Kansas City Kansas USA

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Frank J Green

13b. MOTHER'S MAIDEN NAME

Mary Brennan

14. NAME OF HUSBAND OR WIFE

Althea Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Althea Green 1237 Jefferson K C Mo

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

acute circulatory failure

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Congestive heart failure

DUE TO (c)

arterio-sclerotic heart disease

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1-29-57 to 1-22-62 and last saw her alive on 1-22-62.

Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Charles K. Lacks, D.O.

22b. ADDRESS

814 Walnut, K C, Mo.

22c. DATE SIGNED

1-22-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

1/24/62

23c. NAME OF CEMETERY OR CREMATORY

St Mary's Cemete y

23d. LOCATION (City, town, or county)

Kansas City Missouri

24. FUNERAL DIRECTOR

ADDRESS

Sheil Funeral Home K C Mo

25. DATE RECD. BY LOCAL REG.

1-23-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

Box 1 - 7955

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Richard E. Carroll

Licensed Embalmer No. 4829

I.P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.